

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

45th 4/20/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain doors protecting the corridor.</p> <p>The findings included:</p> <p>Observation of the dry storage room on 3/4/13 at 7:27 AM, revealed the storage room door would not close within the door frame.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator</p>	K 018	<p>1. On 3/05/13, the Maintenance Director completed repairs to the dry storage room door.</p> <p>2. All residents within the facility have the potential to be affected.</p> <p>3. Maintenance Director will randomly monitor doors to ensure proper working order.</p> <p>4. Executive Director, Maintenance Director and/or Designee will continue to monitor facility doors to ensure proper working order and report monthly to the QA Committee until resolved.</p>	3/05/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chew H. Boock Kim</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>3/22/13</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1	K 018			
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to appropriately mark the exit. The finding included: Observation of the kitchen corridor on 3/4/13 at 7:26 AM, revealed the exit sign was not marked appropriately. This finding was verified by maintenance and acknowledged by the administrator during the exit conference on 3/4/13.	K 022	1. On 3/05/13, the Maintenance Director replaced the kitchen corridor exit sign with an appropriately marked exit sign. 2. All residents within the facility have the potential to be affected. 3. On 3/05/13, the Executive Director and Maintenance Director conducted an audit to ensure all access to exits are marked by approved, readily visible signs as per Life Safety Code Standard. 4. Random audits will be conducted by the Executive Director, Maintenance Director and/or Designee with findings reported monthly to the QA Committee until resolved.	3/05/13	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038			

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the exit access. The finding included: Observation of the back kitchen corridor on 4/3/13 at 7:28 AM, revealed the exit access blocked by a cart. Cart was immediately removed. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 3/4/13.			3/05/13	
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the ventilation system. The finding included: Observation of the dirty side of the laundry on 3/4/13 at 7:38 AM, revealed the air supply vent was covered with duct tape. This finding was verified by the maintenance	K 038	1. On 3/04/13, dietary staff immediately removed the cart blocking the kitchen corridor exit access. 2. All residents within the facility have the potential to be affected. 3. a) On 3/05/13, the Maintenance Director re-educated dietary staff regarding the requirement to keep exit access clear. b) Weekly random audits will be conducted by the Executive Director, Maintenance Director and/or Designee to ensure continued compliance. 4. Random audits will be conducted by the Executive Director, Maintenance Director and/or Designee with findings reported monthly to the QA Committee until resolved.	3/05/13	
		K 067	1. On 3/04/13, the Maintenance Director removed the duct tape covering the air supply vent located in the soiled laundry room. 2. All residents within the facility have the potential to be affected. 3. a) On 3/05/13, the Maintenance Director re-educated laundry staff regarding the requirement to keep vent systems obstruction free. b) Weekly random audits will be conducted by the Executive Director, Maintenance Director and/or Designee to ensure continued compliance. 4. Random audits will be conducted by the Executive Director, Maintenance Director and/or Designee with findings reported monthly to the QA Committee until resolved.	3/05/13	

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K 067	Continued From page 3 director and acknowledged by the administrator during the exit conference on 3/4/13.	K 067			

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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system.</p> <p>The finding included:</p> <p>Observation of the AACU mechanical room on 3/4/13 at 8:02 AM, revealed an sprinkler escutcheon plate missing.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 3/4/13.</p>	K 062	<p>1. On 3/01/13, the Maintenance Director ordered a sprinkler escutcheon plate to replace missing plate located in the AACU mechanical room.</p> <p>2. All residents within the facility have the potential to be affected.</p> <p>3. a) On 3/05/13, the Executive Director and Maintenance Director conducted an audit to ensure all sprinkler escutcheon plates were in place as per Life Safety Code Standard. b) On 3/18/13, the Maintenance Director received and installed the sprinkler escutcheon plate located in the AACU mechanical room.</p> <p>4. Random audits will be conducted by the Executive Director, Maintenance Director and/or Designee with findings reported monthly to the QA Committee until resolved.</p>	3/18/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Debra H. Bookman

Executive Director

3/22/13

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